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CONFIRMATION NO. 6950

<b>SERIAL NUMBER</b> 10/726,605	<b>FILING OR 371(c) DATE</b> 12/04/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> P003 C4
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**APPLICANTS**  
 John F. Shanley, Redwood City, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/231,007 08/30/2002 which is a CON of 09/649,217 08/28/2000 PAT 6,562,065 which is a CON of 09/183,555 10/29/1998 PAT 6,241,762 which claims benefit of 60/079,881 03/30/1998 *EA 6/7/07*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none EA 6/7/07*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
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**ADDRESS**  
 43027

**TITLE**  
 Expandable medical device with curved hinge

<b>FILING FEE RECEIVED</b> 925	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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